



City of Cincinnati Income Tax Division

INCOME TAX AMNESTY APPLICATION

(Application must be completed and returned with payment on or before March 31, 2011)

City of Cincinnati Account No.			FID/SSN		
Name/Business Name					
Mailing Address					
City		State		Zip Code	
Business Telephone No.			Home Telephone No.		
Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> S-Corp <input type="checkbox"/> LLC/LLP <input type="checkbox"/> Other (List) _____					
Schedule of Tax Periods Past Due					
Use this schedule to list tax periods previously not reported, previously reported but in need of amendment, previously reported and not paid in full, or to list outstanding tax notices. Attach all supporting documentation and tax returns.					
Tax Type	Tax Period	Amount Due	Income Tax Division Use Only		
Total Income Tax Due			Make check payable to: City of Cincinnati Mail to: Cincinnati Income Tax Division, 805 Central Avenue Suite 600, Cincinnati, OH 45202-5799		
NOTE: The Income Tax Division will retain any amount paid within this application in satisfaction of a valid tax liability regardless of whether amnesty is granted. The retention of any payment submitted by a taxpayer that is the subject of a pending legal action or collection by a collection agency and whose amnesty application is denied on that basis will not constitute a grant of amnesty or a settlement, compromise or any other agreement by the Income Tax Division to discontinue or forego any legal action or collection action.					
CERTIFICATION: I certify that I am eligible for amnesty and that the information on this application, accompanying returns and schedules, is to the best of my knowledge true, correct, and complete.					
Signature of Taxpayer				Date	
Signature of Person Preparing Application				Date	